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FACSIMILE COVER SHEET

September 7, 2004

Receiver: Examiner Hassan A. Phillips

FAX # : 703-872-9306

Sender: Roger S. Sampson

Re: U.S. Patent Application Serial No. 09/738,749
Attorney Docket No.: CISC186

Pages Including Cover Sheet(s): 18

MESSAGE:

Please find attached Request For Continued Examination, Amendment B, Separate Letter to the Official Draftsman and one sheet of Replacement Drawing.

CONFIDENTIALITY NOTE

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICEIn re application of: Strawn

Attorney Docket No.: CISCPI86

Application No.: 09/738,749

Examiner: Hassan A. Phillips

Filed: December 14, 2000

Group: 2151

Title: **TECHNIQUE FOR MONITORING HEALTH
OF NETWORK DEVICE USING DATA FORMAT
VERIFICATION****RECEIVED
CENTRAL FAX CENTER****SEP 07 2004****CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being transmitted via facsimile to the U.S. Patent and Trademark Office, Attention: Examiner Hassan A. Phillips at facsimile telephone number (703) 872-9306 on September 7, 2004.

Signed: Deborah Neill

Deborah Neill

**REQUEST FOR CONTINUED EXAMINATION (RCE)
(37 CFR §1.114)**

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) of the above-identified application.

1. Submission required under 37 C.F.R. §1.114:

- a. ☐ Previously submitted
- i. ☐ Consider the amendment/reply under 37 C.F.R. §1.116 previously filed on _____.
(Any unentered amendment referred to above will be entered.)
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit/Declaration
- iii. ☐ Information Disclosure Statement with Form PTO-1449
☐ Copies of IDS Citations
- iv. ☐ Other _____

2. **Fees:** (The RCE fee is required at the time the RCE is filed.)

Fee Calculation (37 CFR §1.16)

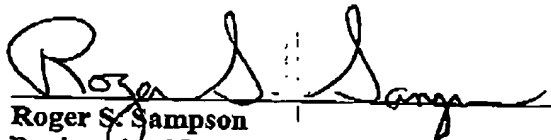
Fee for Request for Continued Examination Under 37 C.F.R. §1.17(e)	\$770 =	770.00
TOTAL		770.00
SMALL ENTITY 50% FILING FEE REDUCTION (if applicable)		

- ☐ a. Applicant hereby petitions for a _____ month extension of time.
- ☒ b. Applicant believes that no extension of time is required; however, if it is determined that such an extension is required, Applicant hereby petitions that such an extension be granted and authorizes the Director to charge the required fees for an extension of time under 37 CFR §1.136 to Deposit Account No. 500388 (Order No. CISC186).
- ☒ d. The Director is authorized to charge the above-indicated filing fee and any fees beyond this amount which may be required, or to credit any overpayment, to Deposit Account No. 500388 (Order No. CISC186).
3. ☒ Please continue to send correspondence to the following address:

Customer Number 022434

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Date: September 7, 2004


Roger S. Sampson
Registration No. 44,314